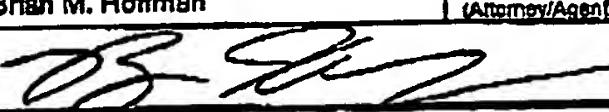


FEE TRANSMITTAL for FY 2005		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/938,206
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 24, 2001
TOTAL AMOUNT OF PAYMENT (\$) 510.00		First Named Inventor	James A. Webb
		Examiner Name	Jamisue A. Webb
		Art Unit	3629
		Attorney Docket No.	22725-05869

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account		3. ADDITIONAL FEES																																																																																																																																					
Deposit Account Number 18-2555 Deposit Account Name Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td><td></td><td></td></tr> <tr><td>1051</td><td>130</td><td>2051 65</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052 25</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053 130</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812 2,520</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804 920*</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805 1,840*</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251 60</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252 225</td><td></td></tr> <tr><td>1253</td><td>1,020</td><td>2253 510</td><td></td></tr> <tr><td>1254</td><td>1,580</td><td>2254 795</td><td></td></tr> <tr><td>1255</td><td>2,100</td><td>2255 1,080</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401 250</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402 250</td><td></td></tr> <tr><td>1403</td><td>1,000</td><td>2403 500</td><td></td></tr> <tr><td>1451</td><td>1,810</td><td>1451 1,810</td><td></td></tr> <tr><td>1452</td><td>600</td><td>2452 250</td><td></td></tr> <tr><td>1453</td><td>1,500</td><td>2453 750</td><td></td></tr> <tr><td>1601</td><td>1,400</td><td>2501 700</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502 400</td><td></td></tr> <tr><td>1603</td><td>1100</td><td>2503 550</td><td></td></tr> <tr><td>1460</td><td>—</td><td>1460 —</td><td></td></tr> <tr><td>1807</td><td>60</td><td>1807 60</td><td></td></tr> <tr><td>1808</td><td>180</td><td>1808 180</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021 40</td><td></td></tr> <tr><td>1809</td><td>700</td><td>2809 395</td><td></td></tr> <tr><td>1810</td><td>720</td><td>2810 395</td><td></td></tr> <tr><td>1801</td><td>700</td><td>2801 395</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802 900</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="2">SUBTOTAL (1) (\$) .00</td> <td colspan="2">SUBTOTAL (3) (\$) 510.00</td> </tr> <tr> <td colspan="4">*or number previously paid, if greater. For Reissues, see above</td> </tr> </tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			1051	130	2051 65		1052	50	2052 25		1053	130	1053 130		1812	2,520	1812 2,520		1804	920*	1804 920*		1805	1,840*	1805 1,840*		1251	120	2251 60		1252	450	2252 225		1253	1,020	2253 510		1254	1,580	2254 795		1255	2,100	2255 1,080		1401	500	2401 250		1402	500	2402 250		1403	1,000	2403 500		1451	1,810	1451 1,810		1452	600	2452 250		1453	1,500	2453 750		1601	1,400	2501 700		1502	800	2502 400		1603	1100	2503 550		1460	—	1460 —		1807	60	1807 60		1808	180	1808 180		8021	40	8021 40		1809	700	2809 395		1810	720	2810 395		1801	700	2801 395		1802	900	1802 900		Other fee (specify) _____				SUBTOTAL (1) (\$) .00		SUBTOTAL (3) (\$) 510.00		*or number previously paid, if greater. For Reissues, see above			
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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Brian M. Hoffman		Registration No. (Attorney/Agent)	39,719
Signature			Date	12/16/04

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/939206

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	45	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	45 minus 20=	25
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=	225	OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL	580	OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	42	Minus	.. 45
Independent	3	Minus	... 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	42	Minus	..
Independent	3	Minus	...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	42	Minus	..
Independent	3	Minus	...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.